JAN 2 9 2007

PART B - FEE(S) TRANSMITTAL

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| RALYNN WILHELM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
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| I Shammen and the state of the | (Signature)        |
| January 29, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Deta)             |
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|                                     | - Carically 2        | 0, 2001             | (1044)     |
|-------------------------------------|----------------------|---------------------|------------|
| APPLICATION NO. FILING DATE         | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIDENCE |
| 10/664,986 09/17/2003               | Katsuhiko Ito        |                     |            |
| TITLE OF DIVENTION, DOUGED VOICE TO | COMPONING IN         | 14470.0007US01      | 4641       |

OF INVENTION: POWER UNIT FOR VEHICLE WITH INTERNAL COMBUSTION ENGINE

| 400011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <del>                                     </del>                                                                                                                                                                                                                                                                                                                | T                                                                                                                        |                                                                                                                                                                                                 |                                                                                                                                           |                                                                                                            |                                                                                                     |  |
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| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                    | ISSUE FEE DUE                                                                                                            | PUBLICATION FEE DUE                                                                                                                                                                             | PREV. PAID ISSUE PEE                                                                                                                      | TOTAL FEE(S) DUE                                                                                           | DATE DUE                                                                                            |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NO                                                                                                                                                                                                                                                                                                                                                              | \$1400                                                                                                                   | \$300                                                                                                                                                                                           | \$0                                                                                                                                       | \$1700                                                                                                     | 01/31/2007                                                                                          |  |
| EXAMINER ART UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                 | ARTUNIT                                                                                                                  | CLASS-SUBCLASS                                                                                                                                                                                  |                                                                                                                                           |                                                                                                            |                                                                                                     |  |
| WALTERS, J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WALTERS, JOHN DANIEL 3618                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          | 180-293000                                                                                                                                                                                      | J                                                                                                                                         |                                                                                                            | •                                                                                                   |  |
| 1. Change of correspond<br>CFR 1,363).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ence address or indication                                                                                                                                                                                                                                                                                                                                      | n of "Fee Address" (37                                                                                                   | 2. For printing on the p                                                                                                                                                                        | atont front page, list                                                                                                                    | · · · · · ·                                                                                                |                                                                                                     |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                 | inge of Correspondence                                                                                                   | (1) the names of up to 3 registered patent attorneys 1 Hamre, Schumann or agents OR, alternatively,                                                                                             |                                                                                                                                           |                                                                                                            |                                                                                                     |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | (2) the name of a single firm (having as a member a registered autorney or agent) and the names of up to 2 registered patent automeys or agents. If no name is listed, no name will be printed. |                                                                                                                                           |                                                                                                            |                                                                                                     |  |
| 3. ASSIGNEE NAME A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ND RESIDENCE DATA                                                                                                                                                                                                                                                                                                                                               | TO BE PRINTED ON 1                                                                                                       | THE PATENT (print or typ                                                                                                                                                                        | e)                                                                                                                                        |                                                                                                            |                                                                                                     |  |
| PLEASE NOTE: Uni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ess an assignee is identi<br>h in 37 CFR 3.11. Comp                                                                                                                                                                                                                                                                                                             | fied below, no assignee sterion of this form is NO                                                                       | data will appear on the part of a substitute for filing an a                                                                                                                                    | tent. If an assignee is ide                                                                                                               | nuffed below, the docu                                                                                     | ment has been filed for                                                                             |  |
| (A) NAME OF ASSIG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ONEE                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          | (B) RESIDENCE: (CITY                                                                                                                                                                            | and STATE OR COUNTR                                                                                                                       | (Y)                                                                                                        |                                                                                                     |  |
| HONDA GIKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N KOGYO KAB                                                                                                                                                                                                                                                                                                                                                     | USHIKI KAISHA                                                                                                            | A Tokyo, J                                                                                                                                                                                      | APAN                                                                                                                                      |                                                                                                            |                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | inted on the patent):                                                                                                                                                                           |                                                                                                                                           | n Or other private group                                                                                   | entiry [] Government                                                                                |  |
| 4a. The following fee(s) a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | . Payment of Fee(s): (Pleas                                                                                                                                                                     |                                                                                                                                           |                                                                                                            |                                                                                                     |  |
| Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | A check is enclosed.                                                                                                                                                                            |                                                                                                                                           |                                                                                                            |                                                                                                     |  |
| Adverse Order #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | o small entity discount p                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          | Payment by credit card                                                                                                                                                                          | . Form PTO-2038 is attact                                                                                                                 | bed.                                                                                                       | •                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of Copies                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          | The Director is bereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3478 (enclose an extra copy of this form)              |                                                                                                                                           |                                                                                                            |                                                                                                     |  |
| 5. Change in Entity State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | us (from status indicated                                                                                                                                                                                                                                                                                                                                       | *                                                                                                                        | _                                                                                                                                                                                               |                                                                                                                                           |                                                                                                            | <del></del>                                                                                         |  |
| a. Applicant claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | claims SMALL ENTITY status. See 37 CFR 1.27.   D. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in the records of the United States Patern and Trademark Office. |                                                                                                                          |                                                                                                                                                                                                 |                                                                                                                                           |                                                                                                            |                                                                                                     |  |
| NOTE: The Issue Fee and interest as shown by the re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Publication Fee (if requeened of the United State                                                                                                                                                                                                                                                                                                               | ired) will not be accepted<br>as Patent and/Trademark (                                                                  | from anyone other than the                                                                                                                                                                      | applicant; a registered att                                                                                                               | orney or agent; or the as                                                                                  | signee or other party in                                                                            |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Centr                                                                                                                                                                                                                                                                                                                                                           | B. Ham                                                                                                                   | re                                                                                                                                                                                              |                                                                                                                                           | 29, 2007                                                                                                   | <del></del>                                                                                         |  |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                                                 | Registration No.                                                                                                                          | 29,165                                                                                                     |                                                                                                     |  |
| This collection of informs an application. Confidenti submitting the completed this form and/or suggestion Box 1450, Alexandria, Villetting Confidential Confiden | tion is required by 37 CF<br>ality is governed by 35 1<br>application form to the<br>ms for reducing this burd<br>rginis 22313-1450, DO                                                                                                                                                                                                                         | R I.311. The information J.S.C. 122 and 37 CFR I USPTO. Time will vary of ien, should be sent to the NOT SEND FEES OR CO | is required to obtain or ret<br>14. This collection is estin<br>depending upon the individ<br>Chief Information Officer,<br>OMPLETED FORMS TO                                                   | ain a benefit by the public<br>nated to take 12 minutes to<br>tull case. Any comments of<br>U.S. Patent and Trademar<br>THIS ADDRESS CENT | which is to file (and by<br>complete, including ga<br>as the amount of time yok<br>k Office, U.S. Departme | the USPTO to process)<br>thering, preparing, and<br>ou require to complete<br>ent of Commerce, P.O. |  |

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## HAMRE, SCHUMANN, MUELLER & LARSON, P.C. AN INTERNATIONAL INTELLECTUAL PROPERTY LAW FIRM

FAX TRANSMISSION

January 29, 2007

TO:

Mail Stop: ISSUE FEE

**Examiner: JOHN DANIEL WALTERS** 

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

FROM: CURTIS B. HAMRE

OUR REF: 14470.0007US01

TELEPHONE: (612) 455.3800

Total pages, including cover letter:

2

PTO FAX NUMBER: 571.273.2885

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Title of Document:

Part B Fee(s) Transmittal

Applicant:

Serial No .:

cant: Ito No.: 10/664986

App. Filed:

September 17, 2003

Group Art No.: 3618

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Name: Curtis B. Hamre

Reg. No.: 29,165

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Ralynn Wilhelm

Palymoulle A

Signature

Date Date

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